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0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office	
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/033,427
		Filing Date	December 27, 2001
		First Named Inventor	Olivier Theytaz
		Group Art Unit Number	2675
		Examiner Name	Amr A. Awad
Total Number of Pages in This Submission	28	Attorney Docket Number	19414-06075

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment A/Response: 20 Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

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APR 12 2004

Technology Center 2600

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Hector J. Ribera, Reg. No. 54,397	Dated: April 5, 2004

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Hector J. Ribera	Dated: April 5, 2004
Express Mail Mailing Number (optional):		



# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 110

## Complete if Known

Application Number	10/033,427
Filing Date	December 27, 2001
First Named Inventor	Olivier Theytaz
Examiner Name	Amr A. Awad
Art Unit	2675
Attorney Docket No.	19414-06075

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1) (\$)** .00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid	
54	-20**= 0	18	= 00	
Independent Claims	8	-3**= 0	86	= 00
Multiple Dependent			= 00	

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)** .00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3) (\$)** 110

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type)	Hector J. Ribera	Registration No. (Attorney/Agent)	54,397	Complete (if applicable)	Telephone (650) 335-7192
Signature		Date	April 5, 2004		

04/08/2004 FFAHAEIA 00000076 10033427

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19414/06075/DOCS/1424623.1

**COPY**



Date Mailed: <b>6-19-03</b>	Atty/Sec: HR/nm	Filing Date: December 27, 2001
Application No.: 10/033,427		Docket No.: 19414-06075
Applicant(s): Oliver Theytaz, et al.		
Title: Optical Illumination System and Method		

Please imprint Patent Office "date stamp" hereon to indicate receipt and return card to addressee.

<input type="checkbox"/> ___ pages of Specification, Claims & Abstract	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
<input type="checkbox"/> ___ sheets of formal drawings	<input type="checkbox"/> Response to Notice Of Missing Parts
<input type="checkbox"/> Provisional Application Cover Sheet	<input type="checkbox"/> Request to Correct Filing Receipt
<input type="checkbox"/> New Utility Application Transmittal	<input type="checkbox"/> Request for Correction of Recorded Assignment
<input checked="" type="checkbox"/> Transmittal	<input checked="" type="checkbox"/> IDS, PTO/SB/08A, and cited references
<input type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> CPA Request Transmittal	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application Data Sheet	<input checked="" type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Check in the amount of \$	
<input type="checkbox"/> Amendment/Response	
Other _____	

